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ORIGINAL ARTICLES

PAPILLITIS.

SAMUEL GOODWIN GANT, M.D., LL.D.,

New York.

Papillitis, a frequent and distressing anal condition, has not received the consideration it deserves.

Hypertrophied papillæ are encountered almost daily by the proctologist, but are seldom diagnosed by general practitioners or surgeons who often mistake them for skin tags, polyps or venereal warts.

Anal papillæ are minute pointed or triangular dentations (10 to 14) located at the lower extremity of Morgagni's columns, upon the edges of the crypts situated at the muco-cutaneous juncture.

Papillæ are not always macroscopically visible except when hypertrophied and elongated, under which circumstances they are to be seen as glistening saw-tooth appearing projections with their base directed upward and inward when the anal margins are everted.

These diminutive elevations are composed chiefly of stratified epithelium and connective tissue and each papilla possesses an arteriole and nerve filament.

Papillæ are tactile organs with a special rectal sense, and when this is destroyed by Whitehead's hemorrhoidal or other operation, evacuations sometimes take place without a desire to stool having been induced.

One or several papillæ may be enlarged, together with or independent of cryptitis. In either case they cause considerable distress, but never alarming symptoms or manifestations that would keep the patient from social or business duties unless he has an extremely nervous temperament.

Papillæ have been known to produce neurogenic disturbances and pain or discomfort in the back, bladder or down the legs, through local and reflex nerve (sympathetic) connection.

Their etiology is easy in some and difficult to ascertain in other cases. Occasionally hypertrophy of anal papillæ is caused by traumatism of the anal canal, incident to foreign bodies, expulsion of hard, knotty feces, daily returning of protruded polyps, hemorrhoids or prolapsed gut, but in the majority of instances papillitis is induced by a chronic acrid discharge from a cancer, abscess, fissure, ulcer, proctitis or encysted fishbone or other foreign substance.

In rare instances hypertrophied papillæ are secondary to the carbolic acid injection treatment of hemorrhoids, prostatic massage, long continued strong topical applications, frequent and careless instrumentation and daily introduction of rough or sharp enema or irrigating tubes. In fact papillitis may ensue from daily acid stools or anything that keeps the mucosa of the lower anal canal constantly irritated.

From a pathologic viewpoint, papillitis is not very interesting because enlarged papillæ are composed of normal tissue, but have a peculiar appearance, owing to their saw-tooth-like shape, pink base and whitish apex which is directed upward. Moderately enlarged papillæ do not change their shape or direction, but as they elongate and broaden at their attachment, they project into the anal canal and are caught by the feces and bent downward.

Daily defecation where the feces are hard, hastens their enlargement by stretching and traumatizing them so that eventually they vary from one-half to an inch or more in length, having a round, pointed extremity

and project ribbon- or worm-like through the anus. Protruding papillæ have a red hue, are not very sensitive, seldom become ulcerated and owing to erectile tissue entering into their composition they gradually retract upward until released from the grasp of the sphincter muscle, a maneuver that induces crawling sensations in the rectum.

From what has been said the reader will understand that hypertrophied papillæ are frequently associated with hemorrhoids, fistula, ulceration and other affections of the anal canal.

Symptoms. — While manifestations are confusing in some cases, they are sufficiently clear to cause the experienced proctologist to suspect them before the rectum has been examined.

Pruritus-ani is the most persistent and distressing symptom of hypertrophied papillæ and results from their gradually withdrawing themselves into the rectum following defecation. Some patients complain of crawling or tickling and pricking sensations above the anus, induced by the tack-like projections or irritation from mucus which has increased through stimulation of the goblet cells.

Now and then tenacious mucus collects and causes erosion, irritation, and itching of the peri-anal skin.

Enlarged papillæ invariably induce an unrelieved feeling following defecation and puckering of the anus in mild and marked tonic or clonic spasm of the sphincter muscle in aggravated cases. Where contraction of the anal muscles continues from a few moments to hours, sphincteralgia ensues and the patient suffers from inability to urinate, discomfort about the neck of the bladder and intense pain in the sacro-coccygeal region.

As long as papillæ are extruded through the anus they feel like live worms, the sphincter remains rigid and pain continues, but immediately they have retracted or been pushed above the muscle these manifestations are modified or disappear.

Constipation may be the predisposing cause of or be induced by hypertrophied papillæ where the sphincter has become greatly thickened. Occasionally pruritus-ani is intensified where Morgagni's crypts are inflamed, there is hypersecretion of mucus from them or the pockets become plugged with fecal matter as feces are driven through the narrow anal canal, a condition that favors the formation of an abscess and blind internal fistula.

Occasionally enlarged papillæ are caught and torn from their base by scybala and the rent assumes the characteristics of fissure-in-ano and the patient complains of terrific sphincteralgia and streaks of blood upon the feces.

Diagnosis.—There is no reason for failing to make a diagnosis of or mistaking papillitis for other ano-rectal affections where the history has been taken, the anus has been inspected and the anal canal has been examined with the finger and through the proctoscope. One should suspect papillitis where the patient complains of stickiness about the anus, crawling sensations in the rectum (following defecation), spasmodic contractions of the sphincter, feeling as if the rectum was not completely emptied by stool and discomfort or pain in the vesical, scaro-coccygeal and sciatic regions.

Hypertrophied papillæ are readily brought into view when the anal margins are everted or the slide speculum or anoscope is introduced, because they project into the anal canal or gradually retract into the bowel when extended.

Papillitis has been mistaken for other rectal ailments, but most frequently they are confused with fibrous polyps, skin tags and venereal warts.

Papillæ are unlike polyps since they have a pointed apex and broad base, while the latter possess a narrow pedicular attachment and broad, rounded or club-shape extremity.

Skin tags are differentiated by their lighter color, softness and wrinkled appearance. It is inexcusable for one to mistake venereal warts for papillæ, because they are usually present in great numbers upon the skin and mucosa, have a narrow attachment

and broad extremity, and show a tendency to collect and form conglomerate masses.

The distinguishing characteristics, however, of hypertrophied papillæ are their saw-tooth-like shape, broad pink base and pointed, whitish apex, varying length and irregular shape and line of attachment at or in close proximity to the muco-cutaneous juncture or Hilton's white line.

Treatment. — Topical applications to the anal mucosa and papillæ may modify inflammation and reduce their size, but a cure is not to be expected until they have been destroyed.

Since papillitis is usually secondary to constipation or ano-rectal affection, complicating diseases must be considered when planning the treatment if it is to be successful.

Crypititis very frequently complicates papillitis and the crypts should be cleansed and treated as often as required or hooked up and removed with scissors when inflamed papillæ are to be excised.

Following rectal irrigation and anesthetization by the injection of a few drops of eucaine solution (1-8 per cent), papillæ may be quickly removed by catching and pulling them down with a tenaculum or forceps so that they may be *crushed* with pressure forceps and left to slough off or be fulgurated, which destroys them.

The writer prefers to snip them off with scissors under eucaine anesthesia and let the wound heal by granulation or ligate them at their base and excise that portion external to the ligature. Some surgeons close wounds made by the removal of papillæ with catgut, but the writer has found this objectionable because it takes longer, causes more suffering and is frequently followed by infection, breaking down of the suture line or formation of an abscess or fistula.

Following these operations it is not necessary to confine the patient to his room more than a day if at all, nor restrict the diet or control the stools further than to see that they are semi-solid.

Later applications of ichthyol or balsam of Peru (10 per cent) are indicated to stimulate healing of the wound, and a sedative ointment composed of an ounce of vaseline containing eight grains of cocaine and twelve of calomel, used through a pile pipe, is employed to modify pain and contraction of the sphincter.

In aggravated and in cases complicated by other ano-rectal affections it is sometimes advisable to divulse or divide the sphincter before removing enlarged papillæ.

471 Park Avenue.

THE DUTY OF THE MEDICAL PROFESSION TO THE STATE INDUSTRIAL SCHOOL.

R. R. KIME, M. D., F. A. C. S.,

Lakeland, Fla.

The medical profession is classed as one of the learned professions. If so, has that knowledge any social, civic and State obligations?

We owe what we have and are in a great measure to the knowledge, sacrifice and intelligent action of our ancestors. Shall we be less generous, less patriotic, less intelligent in action than they? If our knowledge and opportunities are greater, then our responsibilities for intelligent action are greater. From what we have received we owe a duty to the present and future generations.

Can we, as a learned profession dealing mostly with the ills and imperfections of humanity, discharge that duty and sit idly by with folded hands and allow the State Industrial School continue to be conducted in the future as it has been in the past? If we do, we as a profession are responsible in a measure for the development of criminals and degenerates, a shame and disgrace to the State. It is time the intelligent, humane men and women of the State correct such evils.

The medical profession of the State should demand that the State Industrial School be taken out of politics and given an intelligent, humane control and management so as to develop useful, efficient citizens in the place of criminals and degenerates. It is not right, honorable or just to take youths of the State

of Florida and place them in such an institution without giving them a fair chance to make men of themselves. Its conduct and management should be radically changed at once.

If the medical profession does its duty it will see that such action is taken at the next meeting of the State Legislature. The conduct and management of this and allied institutions should be under intelligent action of men and women that have made a study of such work and institutions and persons that will give thought and study to such work.

Every Medical Society in the State should pass resolutions requesting their Representatives to see that a State Board of Charities is properly selected to take charge of the State Industrial School and all State Charities. We suggest the following as a basis for such action:

"*Resolved*, That we, the members of..... .....Medical Society, recommend that the State Industrial School and All State Charities be placed under the control and management of a State Charities Board or Commission with legal power for full control and management of All Charitable Institutions and Charity work of the State, limited only by the amount of funds appropriated by the State Legislature for such purposes.

"Said Board or Commission to be appointed by the Governor based on recommendations as follows: Two (2) members each to serve for a term of three (3) years to be nominated by the State Medical Association, State Teachers' Association and State Federation of Women's Clubs, all of the State of Florida, these six with the State School Commissioner to constitute a State Charities Board or Commission.

"That a copy of these resolutions be given the local representative, also published in the local papers, and a list of Medical Societies taking such action be published in the JOURNAL OF THE FLORIDA MEDICAL ASSOCIATION."

In order to be more certain of efficient action I would urge each Society to appoint a committee of three to confer with their local representative and urge them to favorable action in the matter.

Now is the time for the medical profession to demonstrate to the public the true spirit and calling of the medical profession.

Will the president or secretary of each medical society in the State see that the subject is brought up and action taken at their next meeting?

PROPAGANDA FOR REFORM.

LEONARD EAR OIL. — This is an alleged cure for deafness, sold by A. O. Leonard, New York City. Formerly it was sold on the mail-order plan as an accessory to Leonard's Invisible and Antiseptic Ear Drums. Now the "Ear Oil" is sold in drug stores. The Department of Health in the city of New York found it essentially to be liquid petrolatum with camphor, eucalyptol and alcohol emulsified by a soft soap, prosecuted Leonard, and prohibited the sale of the "Ear Oil" in New York City. The sale of the "Ear Oil" has also been prohibited in Cleveland. (*Jour. A. M. A.*, Dec. 7, 1918, p. 1932.)

EMETIN BISMUTH IODID.—The Council on Pharmacy and Chemistry reports that because of the apparently good results obtained with it, emetin bismuth iodid has been accepted for New and Nonofficial Remedies. Emetin bismuth iodid is insoluble in water and dilute acids, but is decomposed by alkalis, and thus should pass the stomach unchanged but exert its action in the intestines. Those who have reported on the use of the drug in amebic dysentery report that the disappearance of ameba from stools was generally complete and apparently permanent even in chronic cases of carriers and in cases where the hypodermic administration of emetin has failed. Purging and vomiting, however, are not entirely avoided. The drug is usually given in a single dose of three grains at the midday meal for twelve days. (*Jour. A. M. A.*, Dec. 14, 1918, p. 2013.)

FACT AND OPINION ON THE INFLUENZA EPIDEMIC. — At the recent meeting of the

American Public Health Association the discussions relative to the etiology of the present epidemic resolved themselves into the belief that the bacillus of influenza is not the primary etiologic factor and that the actual cause is as yet unknown. In the argumentation for and against the face mask as a means of preventing the spreading of the disease, sight was lost of the fact that definite evidence has been presented to show that the wearing of a mask prevents the diffusion of pathogenic organisms of which we have definite knowledge. A paper was presented which indicated to the satisfaction of most listeners that a significant factor in the spread of the epidemic in army camps was the inadequate washing of mess kits. (*Jour. A. M. A.*, Dec. 21, 1918, p. 2074.)

THE COLDWATER ORDINANCE. — In 1914 the Department of Health of the city of New York revised the Sanitary Code so as to require that no "patent medicine" should be sold in the city of New York unless the names of the potent ingredients are declared. The ordinance was bitterly fought by the "patent medicine" interests, the fight being led by E. Fougera and Co., E. N. Crittenton Co., and H. Planten and Son. Now the Appellate Court of New York has decided that the ordinance is void, but has upheld the principle that a disclosure of the formula of medicines may be required. The underlying principle of the ordinance was the right on the part of the city to require disclosure of ingredients, and that right the Appelate Court upholds. (*Jour. A. M. A.*, Dec. 21, 1918, p. 2093.)

INFLUENZA VACCINE.—So far but two definite reports of adequately controlled experiments on the use of influenza vaccine appear to have been published. That of Barnes concerned the use of the Leary vaccine, composed of strains of the influenza bacillus, and indicated that the vaccine was not of prophylactic value. The second report, by G. W. McCoy and co-workers, concerned a carefully controlled experiment on the use of a mixed vaccine similar to that brought out by Rosenow, and indicated that this vaccine was not efficacious as a prophylactic against the present epidemic. (*Jour. A. M. A.*, Dec. 21, 1918, p. 2094.)

MISBRANDED NOSTRUMS. — The following "patent medicines" have been the subject of prosecution under the Federal Food and Drugs Act: Paine's Celery Compound; Botanic Blood Balm; Owens' Wonderful Sore Wash; Lafayette Cough Syrup; Gilbert's Gravel Root Compound; Strange's Rheumatic Remedy; Baur's Diamond Brand Bromides; S. B. Cough and Consumption Remedy; Gowan's Preparation; Urol Boxenbaum Discovery; Tablets Creavita; Old Lady Fulten's Comforting Pills; C.C.C. (Crownall Elastic Capsules); Victor Injection, No. 19 Compound and No. 6 Compound; Hemogenas Pills; Restorative Tablets—Fountain of Health; Denn's Strong, Sure, Safe and Speedy Stomach, Liver, Kidney, and Rheumatism Remedy; Dr. Navaun's Mexican Lung Balm; Dr. Navaun's Kidney Tablets; Dr. Chas. DeGrath's Electric Oil; Bovinine; Fritch's Vegetable Liniment; Perkin's National Herbs Blood Purifier, Kidney and Liver Regulator; Dr. Lemke's Golden Electric Liniment; Dr. Lemke's St. Johannis Drops; Mentholatum; Enteronol; Dr. Harter's Lung Balm; Dr. O. Phelps Brown's Herbal Ointment; Taylor's Horehound Balsam; Breeden's Rheumatic Cure; Sulphur Bitters; Dr. DeWitt's Eclectic Cure; Dr. DeWitt's Liver, Blood and Kidney Remedy; Payne's Sylax; Dr. Bell's Pine Tar Honey, and Lung Germine. (*Jour. A. M. A.*, Jan. 4, 1919, p. 59.)

"ASPIRIN," A COMMON NAME.—The claim of the Bayer Company to the exclusive right of applying the name "aspirin" to acetylsalicylic acid will be definitely set aside if the recommendation of the examiner of interferences of the United States patent office is upheld. The stand taken by the patent office is in line with the established principle that no one can have a monopoly in the name of anything. Since "aspirin" has become the common name for acetylsalicylic acid, no one firm can have an exclusive right to it. (*Jour. A. M. A.*, Jan. 11, 1919, p. 119.)

THE QUALITY OF THE MARKET SUPPLY OF PROCAINE.—The local anesthetic procaine (first introduced as novocaine by the Farbwerke vorm. Meister, Lucius and Bruening, Hoechst A. M., Germany) is now manufactured by the Abbott Laboratories, the H. A. Metz Laboratories and the Rector Chemical Company. The products of these three firms were accepted for New and Nonofficial Remedies after the A. M. A. Chemical Laboratory had reported specimens chemically satisfactory and the Cornell Pharmacologic Laboratory had determined that they were not unduly toxic. In accordance with its announcement to report from time to time on the quality of American-made synthetics, the Council on Pharmacy and Chemistry now publishes a report on the quality of the procaine now supplied to physicians. The examination demonstrates that the three brands were of a satisfactory quality. Some of the specimens of procaine-Abbott and procaine-Rector had a yellow or light brown tinge (a specimen of procaine-Metz "novocaine" recently sent the Council also had a slight yellow tinge), but so far as the evidence goes there is nothing to indicate that the discolored specimens are seriously impure. The Council considers the use of the discolored product justified in the present emergency, but urges that for the future a colorless preparation be supplied. (*Jour. A. M. A.*, Jan. 11, 1919, p. 136.)

PLURIGLANDULAR MIXTURES. — The Council on Pharmacy and Chemistry reports that the following preparations put out by Henry R. Harrower have been found ineligible for New and Nonofficial Remedies: Caps. Adremo-Spermin Comp.; Caps. Antero-Pituitary Comp.; Caps. Placento-Mammary Comp.; Caps. Thyro-Ovarian Comp.; Caps. Pepato-Splenic Comp.; Caps. Pancreas Comp., and Caps. Thyroid Comp. Each of the mixtures contained one ingredient or more which is neither recognized in the U. S. Pharmacopœia nor admitted to New and Nonofficial Remedies. For obvious reasons the Council does not accept a mixture containing an indefinite ingredient; hence, it would be necessary as a preliminary for the consideration of any one of the mixtures that their unofficial ingredients be made eligible for New and Nonofficial Remedies, by the submission of evidence that such ingredient is of uniform composition and that it is therapeutically valuable when given by mouth. The mixtures were also ineligible because in the light of our knowledge the administration of gland mixtures in the host of conditions enumerated in the advertising circular of Harrower is irrational and on a par with the use of shotgun mixtures once in vogue. (*Jour. A. M. A.*, Jan. 18, 1919, p. 213.)

UNSUCCESSFUL ATTEMPTS TO TRANSMIT INFLUENZA EXPERIMENTALLY.—Two extensive attempts have been made under the auspices of the U. S. Public Health Service and the U. S. Navy to Transmit influenza experimentally. Inoculations were made of pure cultures of the influenza bacillus, of secretions of the upper air passage in the early stages of influenza, and of blood from typical cases of influenza, and other methods of transmitting the disease were tried. In no case was influenza developed. (*Jour. A. M. A.*, Jan. 25, 1919, p. 281.)

EVIDENCE.—The Cutter Laboratory advertises that a physician has used between 700 and 800 doses of its Mixed Vaccine-Respiratory Infections as a prophylactic without a single failure to "protect" against the disease. The Cutter Laboratory thinks this is evidence which "is convincing enough to satisfy even the most conservative * * *." If a physician were to report that 643 of his patients who had used salt instead of sugar in their coffee had remained free from influenza, would this be evidence of the prophylactic value of sodium chlorid? The science of therapeutics is complex enough at its best; and with commercialism dominating the production of therapeutic agents, the likelihood of ever arriving at anything approximating a true science of therapeutics seems hopeless. (*Jour. A. M. A.*, Jan. 4, 1919, p. 45.)

COCA-COLA. — Analyses made by federal chemists showed it to contain from 0.92 to

1.30 grains of caffein to the fluidounce. It would seem that in the interest of the public health the indiscriminate sale to children and adults of an alkaloid-like caffein in the enticing form of a "soft drink" is to be deprecated. (*Jour. A. M. A.*, Jan. 25, 1919, p. 299.)

Cancer Department

"In the early treatment of cancer lies the hope of cure"
AMERICAN SOCIETY FOR THE CONTROL OF CANCER

DISEASES OF MIDDLE LIFE AND OLD AGE.

HENRY WIREMAN COOK, M. D.

The following is abstracted from an address by Dr. Cook, as published in the Minnesota Public Health Association Journal. Dr. Cook is at present serving as Secretary of the Medical Advisory Committee of the American Red Cross, at Washington. In his home city, Minneapolis, he has been a leader in public health and civic activities and has done much to promote the work of the American Society for the Control of Cancer in the local field.

Much advance has been made in the study and prevention of infectious diseases in the past twenty years, and it has proved of inestimable value in the conservation of child life and the suppression of infectious diseases. But in another class are the diseases of middle and adult life, notably, cancer and the diseases of the heart, arteries, and kidneys. Their prevention and cure means the ultimate conservation of invaluable human energy. Dr. Cook says in his address:

"We have been entirely too complacent at seeing valuable men dropping off in their prime—that is between fifty and seventy, or even seventy-five. We are too much inclined to think of force and ability being associated with youth, not taking into account that today when so many diseases have been eliminated, that if three score and ten were a proper estimate for olden times, three score and twenty or twenty-five is not excessive for today."

Bright's disease and diseases of the heart and arteries retard the brain processes and dull the capabilities of the patient by poisoning or checking the proper nourishment of the brain. Free of such diseases, mental vigor would last into old age much more frequently than at present.

It is estimated that cancer causes 75,000 deaths annually in the United States. Diseases of the heart, arteries, and kidneys count a toll of several hundred thousand deaths annually. The prevention and cure of cancer is now receiving due attention. The American society for the control of cancer has spread the doctrine of cancer suppression and cure. The Minnesota Public Health Association is affiliated with this association and distributes its literature.

Cancer is of "greater frequency at ages over forty than pneumonia, tuberculosis, typhoid fever, or digestive diseases." It proves fatal in over 90 per cent of the attacks. It occurs and often kills its victim when they are in the stage of life during which they are most needed by society. "If taken in the beginning, the majority of cases of cancer are curable, but the only cure is the removal of every vestige of the disease."

The occurrence of cancer is usually associated with some form of injury or long continued irritation of body tissue. Because it rarely causes pain in the beginning, it is often neglected. The following precautions should be rigidly exercised:

Seek early examination by a competent physician in case of

(1) Any chronic sore, lump, an irritated or growing mole.

(2) Chronic indigestion, after forty, particularly with vomiting.

(3) Persistent abnormal uterine discharge, particularly if bloody.

Never be afraid to know the truth. Delays are always dangerous, sometimes fatal.

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R. H. MCGINNIS, M. D, ... *Jacksonville*
JAMES H. RANDOLPH, M. D. . . . . *Jacksonville*
(To be selected).

Next Meeting—Miami—May 21, 22, 23, 1919

ANNOUNCEMENT.

The undersigned, having been released from duty with the military forces of the United States, has taken over the affairs of the Florida Medical Association and those of THE JOURNAL. He wishes to take this opportunity of expressing in these columns an appreciation to those who have always supported him in the publication of this journal.

Dr. E. W. Warren, a Past President of the Association, under great personal inconvenience, assumed charge of the affairs of the Association, including those of THE JOURNAL, at the time your Secretary-Editor was assigned to an overseas hospital unit. That he did the work well and earned the thanks of every member of the Association is a matter of record.

Dr. F. J. Walter, our genial President, than whom there is no more ardent worker in the interests of organized medicine, together with Dr. R. R. Kime, another enthusiastic worker, were of great assistance to Dr. Warren in connection with his work.

It is a pleasing announcement that all three of these gentlemen have consented to continue service as Associate Editors.

We bespeak for THE JOURNAL the hearty support of every member of the State Association. It is your property and will succeed and prosper in just such measure as you do your best to maintain and further its interests.

La Guerre est fini! Let's up and at it.

GRAHAM E. HENSON,
Secretary-Editor.

FACT AND OPINION ON THE PRESENT EPIDEMIC OF RESPIRATORY DISEASE.

The recent meeting of the American Public Health Association in Chicago was devoted largely to the present epidemic of influenza. An abstract of the proceedings of the sessions devoted to this subject appears in this issue of *The Journal*. This abstract is not, of course, a verbatim report of the

proceedings, but represents that which seems of permanent value, eliminating a large mass of discussion that was argumentative rather than of the nature of scientific evidence. There are certain large phases of the subject on which much evidence was presented leading to what might be expressed as a consensus of opinion. It must be borne in mind that this organization consists primarily of public health officials, though it includes many research workers and physicians engaged in medical practice and investigation.

The discussions relative to the etiology of the present epidemic resolve themselves into the belief that the bacillus of influenza is not the primary etiologic factor, and that the actual cause is as yet unknown. As indicated by present evidence, a coccus, perhaps a pneumococcus of Type IV, or the coccus described by Mathers and others as a green-producing streptococcus, or the diplostreptococcus described by numerous investigators abroad, seems to have impressed many as of importance in causing death. It seems reasonable to suspect that perhaps these observations all may refer to the same organism or to closely related organisms; but sufficient work has not yet been done with this organism to prove a definite etiologic relation to the epidemic. The reports, however, indicate that such organisms are found in a large majority of the cases of the disease, especially in those resulting fatally, and that if they are not the primary etiologic factors, they seem to bear a definite relationship to the complicating pneumonia and the resulting mortality.

A second point of elaborate discussion in the proceedings concerned the use of the face mask as a means of prevention. Arguments were made for and against the use of this mask. Most of those who took part in the discussion seemed to lose sight of the fact that definite evidence has been presented to show that the wearing of a face mask prevents the diffusion of pathogenic organisms of which we have definite knowledge. If a person coughs toward a plate of medium exposed at a certain distance from the mouth and nose, a large number of colonies of bacteria develop on the plate. If the same person provides himself with an adequate face mask and coughs toward the plate, the organisms do not appear and grow on the plate. This is a simple experiment which any investigator may easily demonstrate for himself. The organisms found on the plates are, in many cases, bacteria similar to those found in the lungs of persons dying in the present epidemic. There is reason to believe that a face mask properly worn will aid in the prevention of infection from those organisms. There is also evidence to the effect that face masks, properly worn and controlled, have prevented the spread of the epidemic in certain institutions, whereas it spread rapidly in other institutions where the face mask was not worn. While not conclusive, this evidence leads to the opinion that, properly used, the face mask has value in the prophylaxis of influenza. Whether or not it is worth while to attempt to mask entire communities, either small villages of a few hundred or a few thousand inhabitants or large municipalities, such as San Francisco, compelling all of the persons in the municipality to wear the mask in public over an extended period of time, there is grave doubt as to whether this procedure can be sufficiently controlled to make it of practical value. Not that the public does not cooperate fully with the health department in its effort, but that the efficiency of the cooperation cannot be made sufficiently perfect.

Incidentally, a paper presented by Lieutenant-Colonel Cummings of Newport News, Va., indicated to the satisfaction of most listeners that a significant factor in the spread of infection in Army camps was the inadequate washing of mess kits. Cummings was strongly imbued with the belief that hand to mouth infection was more important than mouth to mouth, or rather, face to face, infection. It was his belief that a special value attaches to the face mask in aiding in the prevention of hand to mouth infection.

Another greatly debated point concerned

the use of prophylactic vaccines. As we have stated before, these vaccines are at present of two main types. One is a vaccine composed of various strains of the influenza bacillus, the other a mixed vaccine containing the various types of pneumococci, also streptococci, influenza bacilli and staphylococci. Both types have been given extensive trial, unfortunately, however, except in a few cases, without adequate scientific control. The indiscriminate vaccination of the population, vaccinating those who come and not vaccinating others, without keeping adequate records of both, can hardly yield evidence worthy of consideration for or against the use of vaccines as a prophylactic measure. We recently[1] pointed out that the use of the vaccines was wholly in the experimental stage. Since that time reports have appeared of definite, adequately controlled experiments with each of these vaccines. These indicate that this use is at best still in the experimental stage, and that these vaccines are probably not efficacious in the prophylaxis of influenza. It is well to repeat here that the question as to whether or not these vaccines are efficacious can not be settled by argument as to the theory of their use or by statement of opinion. The question is one that is susceptible of scientific proof.—*Jour. A. M. A.*, Dec. 21, 1918.

1. Serums and Vaccines in Influenza, editorial, *The Journal A. M. A.*, Oct. 26, 1918, p. 1408.

INSECT-BORNE DISEASES AND THE WAR.

Owing to the transport of troops to and from almost all parts of the world, the war has provided a ready means of conveying diseases, hitherto unknown to various countries. This has been the case especially with tropical diseases, which in the past three years have occurred with more or less frequency in temperate climates, in France and England, for example. In some features, the war has resembled the Crusades in that during its continuance there has been a constant stream of large groups of men traveling backward and forward from eastern Europe and Asia to western Europe. There has been an increasing ingress into France, and to a considerably less extent, into England, of troops from nearly every part of Africa and the Orient; therefore the parasitic diseases that have been introduced in this manner can not fail to have infected some of our men, and unless precautions are taken may be a menace to our civilian population.

Some of the maladies prevalent in hot climates already have been shown to be spread chiefly or largely by insects, and, of course, it is more than likely that insects are factors in the transmission of the majority of these infections. Mosquitoes and biting flies are responsible for some of the most deadly diseases, as malaria, yellow fever and sleeping sickness, while the rat flea plays the most prominent part in the dissemination of plague. The mosquitoes *Stegomyia fasciata* and *Culex* and the sandfly *Phlebotomus perniciosus* are considered to be the vehicles whereby Mediterranean dengue is conveyed to man. Adrien[1] believes that the phelbotomus is the "carrier," mosquitoes acting only as possible transmitters. Cleland and Bradley,[2] describing an outbreak of dengue in Australia, give data that seem to show beyond a doubt that the virus of dengue in Australia is conveyed by *Stegomyia fasciata*, which undergoes some development in this insect. Indeed, according to these authors, the disease and its mode of transmission exhibit many points of resemblance to yellow fever. The body louse is rightly indicted as being largely concerned in the spread of typhus fever, and the same insect has been practically proved guilty of transmitting trench fever. In fact, this is apparently the important and common mode of transmission. Incidentally, it may be said that although the bedbug has been under suspicion for some time as an agent in the conveyance of certain infectious diseases, investigations

1. Adrien, Charles: Arch. de med. et pharm. nav. 105; 275 (April) 1918.
2. Cleland, J. B., and Bradley, B.: J. Hyg. 16: 317 (Jan.) 1918.

undertaken thus far tend to clear it of the imputation.

The particular point which it is desired to emphasize is that the return of troops from Europe to this country is, to some extent, a source of danger to the general population. Diseases foreign to our shores may be brought into this country by returned soldiers, if great care is not taken, especially those introduced mainly by the agency of body lice. While it is obvious that with the cessation of hostilities the ridding of troops from body vermin can be considerably facilitated, the actual danger of spreading disease by lice may not be greatly minimized. Disinfection may not be so thoroughly carried out as in time of war, and it is by no means improbable that demobilized soldiers on their return to America may carry infected lice on their bodies or on their clothes. Moreover, there seems to be little doubt that on the American troops will fall the duty of performing some of the policing of Europe. They may be stationed in the Balkans, in parts of Russia and in the Central Empires, in some of which countries conditions favorable to the contraction of insect-borne diseases, and of lice-borne diseases in particular, exist. On the borders of Serbia it needs only a spark to start a conflagration of typhus fever, and the only methods of preventing such a calamity, in which, if extraordinary precautions are not taken, the troops might participate, are to exterminate the body lice so far as is possible. It must be borne in mind that in order to prevent typhus fever or trench fever, or, at any rate, to limit their spread among troops, the best efforts must be put forth to keep soldiers from infestation with lice. There is another point to which attention may be drawn: It is thought to be possible to disseminate trench fever by the agency of urine and sputum, both of which become infected and presumably may remain infected for a considerable length of time. Therefore it seems advisable that urine and sputum of returned soldiers who have been subjected to infestation by lice should be sterilized. If it may appear somewhat far fetched to suggest that troops returned from Europe may infect the civilian population with parasitic diseases, it remains to be said that parasitic diseases have occurred among the white population of France and England imported by troops from the Orient, Africa or eastern Europe. In existing circumstances, it is wise to err on the side of caution, and every conceivable step should be taken to protect the soldiers from infection by insect-borne diseases and to safeguard the inhabitants of this country from the spread of similar diseases introduced by the returned soldier.—*Jour. A. M. A.*, Jan. 18, 1919.

ACNE ROSACEA AND ITS TREATMENT, WITH SPECIAL REFERENCE TO YEAST TREATMENT.

A valuable addition to the treatment of acne rosacea is furnished in a remedy long employed against acne vulgaris—we refer to yeast, an agent well brought to the notice of the profession in an article by Hawk, Knowles, Rehfuss and Clarke (*Journ. Amer. Med. Assn.*, Vol. LXIX, No. 15, Oct. 13, 1917, pp. 1243-1247). The novel part of the labor of these collaborators consists in their use not of brewers' yeast, which has long been used in the treatment of furunculosis, acne, and allied conditions, but of the readily available ordinary yeast cake employed by housekeepers and by bakers (Fleischmann's Compressed Yeast). We quote from this article: "Bakers' yeast was found to be a useful remedy in the treatment of furunculosis, acne vulgaris, acne rosacea, constipation and in certain other cutaneous and gastrointestinal conditions. * * * Of eight cases of acne rosacea, all patients were improved or cured. * * * We consider that yeast is fully as successful as any other remedy in furunculosis, acne vulgaris and acne rosacea." When we consider that at least one of the authors named is a dermatologist of standing, there is reason for our applying to practice the data of the article with added confidence, especially when we

consider that as yet we have in the treatment of acne rosacea no remedy that acts as a specific.

It is to be remembered that acne rosacea consists in the superaddition of an acne to a rosacea or a more or less lasting flushing of specific areas of the face. At first transient, the flush becomes permanent and is associated with dilatation of the capillaries and small blood-vessels of the area affected, giving rise when the nose is the region involved to the so-called "grog-blossom." A further stage consists in the thickening of the connective tissue and the formation of irregularly shaped masses, which convert the nose when it is the part involved, into the clinical picture of what is known as "rhinophyma."

We should remember that although alcohol is regarded by the laity as the cause of the condition, such is not always the case. Alcoholic beverages, however, as well as the ingestion of tea and coffee, highly stimulating or well-seasoned food, constant exposure to heat or to cold, may play a part in the causation, especially in the causation of the initial flushing. The use of tobacco may have something to do with the bringing-on of the condition. The use of tight clothing, such as collars and corsets, may also play a part. In women, the condition may be associated with uterine disorders. Very many of the cases are associated with gastro-intestinal disorders, especially constipation, conditions in which yeast is a peculiarly helpful agent.

It is well known that yeast is of great value in the treatment of ordinary acne. The acne lesions of acne rosacea are practically identical with those of acne vulgaris, except that the association with comedones is not as well marked, and the lesions do not form around comedones. (See Haven, Diseases of the Skin, 1915). The condition may be associated with seborrhea oleosa. There are scarcely any subjective symptoms: The patients affected with acne rosacea are usually of middle or late adult life, older, as a class, than those affected with acne vulgaris.

Deformity due to advanced rhinophyma is best treated by means of surgical operation, by means of which redundant tissue is removed. Carbon dioxide snow may be used to remove small redundancies of tissue. In another class of cases, the Roentgen rays are of value in the treatment, or such agents as the Finsen light (or some equivalent for it), the quartz lamp, etc. Cases associated with dilatation of the capillaries and small vessels which fail to respond to other treatment may be treated by scarification or by electrolysis. Sulphur or resorcin in various preparations or lotia alba in strength sufficient to keep the skin dry and slightly desquamating may be applied locally. Vleminckx's solution, at first weak, and then increased in strength, as employed in ordinary acne, may be used. Dreuw (*Monatshefte fur praktische Dermatologie*, Vol. LII, No. 7, April 1, 1911, pp. 349-365) recommends in this condition the use externally of a soap containing yeast. While such a soap is as a rule unavailable, yeast may readily be incorporated into pastes, etc., and used locally, not only in acne rosacea, but also in acne vulgaris, furunculosis, and other purulent dermatoses.

If, however, we are to judge of the work of Hawk and his collaborators (loc. cit.), the external use of various medicaments would seem well-nigh superfluous. The cases of acne rosacea treated by them by yeast alone, with no external treatment mentioned other than boric acid, varied in duration from two to fifteen years. The lesions improved wonderfully or disappeared altogether, papules and redness went away in at most four weeks, often ten days to two weeks, about three yeast cakes being taken a day.

Of course, cases of acne rosacea should be treated symptomatically, all sources of irritation should be removed, and causative factors such as uterine disorders remedied. The alleged good effects of ichthyol internally, however, which is recommended by some dermatologists, are not acknowledged by all.

THE PHYSICIAN'S WIFE.

A charming little book was written a few years ago by a physician's wife, called "The Physician's Wife." The author explained how she had been successful as a doctor's wife in the country in that day. Times have changed somewhat and there are many new conditions to complicate life, especially the urban environment of today. Independent of what the doctor should be, we venture the following as an ideal doctor's wife:

It is desirable that the physician's wife should radiate health and vigor, for the duties devolving upon her will be taxing. There should be no antecedent neurotic history and her own temperament should be free from such. It almost goes without saying that she should be resourceful and a good "mixer." While an education is desirable it is not necessary that she should be a college graduate if she can interest herself in books, music or current topics. She should be the "Queen of the Home" and not abhor or loathe housekeeping. A course in domestic science will often save the day for her many times over. It will smooth the rough places if she is patient, kind, willing and charitable, considerate of others even to her husband's family and relatives, rather not expecting to be imposed upon by her proffered kindness. Having the latter qualities will generally speak for her "good bringing up." She should be from a good family, refined, neat and with good taste. The charm of the home will to a large extent depend upon the latter. It is splendid to be a good talker but not a great talker, not argumentative. Reasoning by inferring propositions often leads to nowhere and makes trouble. The ideal wife should be as the French say, "My husband's inspiration." She should be loyal, not extravagant and believe her husband to be the best man on earth.

If loyal she will be dependable and see the good in others rather than the evil. She must be able to keep a secret. Few qualities are more important than keeping a secret of the confident husband; for after all is said and done the husband will now and then impart details to his wife known to no other living being. In religion she should be as near as possible in the faith of her husband, but this does not mean that any great line should be drawn between denominations of the Christian church. The pleasing wife need not be unsophisticated. Indeed it is best that she know something of the world in a respectable way. Of course she should be pure in character as should also be her husband. It is most singular that a wife can be all of the above and not have money. A wife with too much money is often more of a hindrance to the progress of a physician than the one without it. The inspiration is greater for both to "get on" if they save together. Money often makes one or the other too independent and then harmony can hardly be expected to exist.

The life of the doctor's wife is apt to be a hard one. The wife who has not the proper temperament or confidence in the doctor is surely going to be unhappy. The doctor's position in society and the relation of the doctor to his patients calls for character of the highest grade, and it speaks wonderfully well for the profession how sacred most physicians hold their trust. The handicap of a jealous wife will, however, break a promising career. A middle-aged bachelor physician on being asked why he had never married replied that he was afraid to marry for the reason that nearly all his medical brothers had domestic troubles and some of a complex and serious nature. Many, he said, were men with the cleanest sort of lives having wives who were almost insanely jealous, and in a few cases were actually insane; others were divorced or living under the most anxious sort of tension. These exaggerated cases make us realize how very important the selection of a wife is to the physician.

It is a question how far the wife should be interested in the work of her husband. It is certainly a relief to come home and find a cheerful wife at the door who does not intend "talking shop." If the doctor has married a nurse, as is sometimes the case, there is more danger of shop talk in the home.

However this can be overcome by an agreement to have none of it. The social positio of a doctor can be greatly helped by a wife who is from a good family, a mixer and with the right ideas of propriety. It is well to have an educated girl of whom one can never be ashamed, but it is not well for a man to marry a woman with such high ethical ideals that she becomes a dictator to her husband on conduct. Some women become dictators without knowing it, directing the management of everything and correcting the husband on every detail of life, making life decidedly burdensome and hard for the doctor. Some women "henpeck" unwittingly and are apt to be of a highly organized nervous type ready to argue everything. Women of this nervous type brought up in luxury are frequently arbitrary and noncompromising, decidedly worse before every menstrual period, often childless and usually fearful of having children. Such women make the life of the physician extremely difficult, for his work is of an exacting nervous nature. Certainly the home life can hardly be expected to be ideal under conditions of this sort and the doctor should avoid the selection of a wife likely to develop such traits. To study the subject impartially one must look at the situation from the wife's standpoint and there is in men much that might be made over to fit better. Temperaments must fit in and charity and kindness and love emanate from both sides. Nevertheless it is a matter demanding serious consideration and should under no circumstances be hastily contracted.

B. IODINE AND B. OLEUM IODINE.

(Report of the Council on Pharmacy and Chemistry.)

The Council has authorized publication of the following report on "B. Iodine" and "B. Oleum Iodine" along with the reply submitted by the manufacturer and a discussion of this reply by the referee in charge of the preparations.

W. A. PUCKER, *Secretary.*

Specimens of B. Iodine and B. Oleum Iodine (B. Iodine Chemical Company) and an advertising pamphlet were sent to the Council by John Bohlander, A. M., M.D., with the declaration:

"Well knowing the value of Iodin in surgical operations and dressings, prompted me for the benefit of my fellow physicians as well as myself, and for Humanity's sake, to make Iodin my master-piece in chemistry.

"After several years of diligent work in my private laboratory I succeeded in discovering a new product of Iodin—Nitrogen, hydrate of Iodin."

While "B. Iodine" is said to be nitrogen hydrate of iodin and "B. Oleum Iodine" a 5 per cent solution thereof, the examination made by Prof. A. H. Clark of the University of Illinois, School of Pharmacy (working in the A. M. A. Chemical Laboratory), indicates that the first is a simple mixture of iodin and ammonium iodid, and the second a solution of iodin in liquid petrolatum. The Council adopted the report of the A. M. A. Chemical Laboratory (which appears below) and declared B. Iodine and B. Oleum Iodine inadmissible to New and Nonofficial Remedies because:

1. The composition is incorrectly declared. B. Iodine is not a newly discovered iodin compound, "Nitrogen Hydrate of Iodine," but a mixture of iodin and ammonium iodid. B. Oleum Iodine is not a 5 per cent solution of B. Iodine as suggested by the statement on the label and in the advertising, but a solution of iodin in liquid petrolatum containing about 0.85 per cent of iodin.

2. Since B. Iodine is a mixture of iodin and ammonium iodid, its solution in water will have the properties of other solutions of iodin made by the aid of iodid, such as a dilution of tincture of iodin or of compound solution of iodin (Lugol's solution). Hence, the therapeutic claim that B. Iodine "being of a colloidal nature has the advantage of being more readily absorbed and taken up by all cellular structure, thus getting a perfect cellular medication of Iodine," is unwarranted.

3. The names "B. Iodine" and "B. Oleum Iodine" are not descriptive of the pharmaceutical mixtures to which they are applied.

4. B. Iodine and B. Oleum Iodine are unessential modifications of established articles. B. Iodine has no advantage over tincture of iodin or compound solution of iodin. (As more convenient of transportation, the Medical Department of the U. S. Army supplies its field hospitals with a mixture of iodin and iodid ready for solution in water, either in tablet form or in powdered form in tubes.) Solutions of iodin in liquid petrolatum may be readily prepared (Reports Council Pharm. and Chem., 1917, p. 88).

(Contribution from the A. M. A. Chemical Laboratory.)

B. IODINE PRODUCTS.

A. H. CLARK, Ph.G., B.S.

"B. Iodine" products are marketed by the B. Iodine Chemical Company, Cincinnati, Ohio; John Bohlander, A. M., M. D., is said to be the discoverer. They consist of "B. Iodine," "B. Oleum Iodine," and "B. Aqua Iodine." B. Iodine and B. Oleum Iodine were submitted to the Council.

In a circular submitted by the B. Iodine Chemical Company, B. Iodine is said to be "Nitrogen Hydrate of Iodin." It is claimed that "coming in contact with water, H_2O, a chemical change takes place forming Hydro Oxid of Iodin, the Nitrogen of the Nitrogen Hydrate of Iodin escaping, the balance taking up one of oxygen of the water. Its companion, the H_2, escaping at the same time with the Nitrogen then combining with the remainder of the water to form the solution of Hydrogen Oxid of Iodin; so you can readily see that you really have a pure water of Iodin, nothing but the H, the O and the I."

B. IODINE.

According to the circular, B. Iodine is soluble in alcohol, chloroform and ether. Also it:

"Has odor, taste, melting and boiling point, same as regular Iodin, has a great affinity for water and will respond to all the tests of Iodin. Appears in a Bluish Black Granulated mass or powder. When heated in vaporating dish will throw off large purple volumes of Iodin leaving a slight white crystaline precipitate, which on continuous heating will entirely disappear. With careful manipulation you can get prismatic needle-point-like crystals, looking like spores of glass, these dissolving in water will yield pure Iodin coloring the water Iodin.

"PHARMACOLOGIC, THERAPEUTICAL AND PHYSIOLOGICAL ACTION: Same as Iodin, being of a colloidal nature has the advantage of being more readily absorbed and taken up by all cellular structure, thus getting a perfect cellular medication of Iodin."

A sample of B. Iodine, marked "Nitrogen Hydrate of Iodin" was submitted by the manufacturers and this sample was examined.

B. Iodine was found to be a granular powder, almost black with a purple cast. It has an odor of iodin and dissolves in water readily. It is also quite soluble in alcohol, but not entirely soluble in chloroform and ether. Ether quickly dissolves iodin from B. Iodine leaving a residue of a white granular substance. Chloroform acts the same as ether except that the iodin is dissolved out with some difficulty. On heating B. Iodine, vapors of iodin escape. If the heating is done on a water bath, a residue of a white granular substance, subsequently identified as ammonium iodid, remains. If heated in a bunsen flame, no residue remains. These tests all indicate that iodin is held in the form of a simple mixture.

Ammonia: B. Iodine when mixed with an excess sodium hydroxid and warmed, evolves ammonia.

Iodine: 0.1567 gm. B. Iodine dissolved in water required 5.88 c.c. tenth-normal sodium thiosulphate solution indicating 48.28 per cent iodin. 0.3721 gm. B. Iodine required 14.18 c.c. tenth-normal sodium thiosulphate solution indicating 48.37 per cent iodin. The average is 48.33 per cent iodin.

Ammonium Iodide: 0.3453 gm. of the residue after heating B. Iodine on a water bath until all iodin had volatilized was dissolved in water, acidulated with phosphoric

acid, and hydrogen dioxid solution added. The liberated iodin was extracted with chloroform and titrated with tenth-normal sodium thiosulphate. 23.78 c.c. were required indicating 0.3447 gm., or 99.83 per cent, ammonium iodid.

A mixture of 5 gm. iodin and 5 gm. ammonium iodid has the properties of B. Iodine mentioned above.

The conclusion is that B. Iodine is essentially a mixture of iodin and ammonium iodid in equal parts, the two substances being finely powdered and intimately mixed.

B. OLEUM IODINE.

The following regarding B. Oleum Iodine is quoted from the circular submitted:

"B. OLEUM IODINE: Iodine soluble in mineral oil 5 and 10 per cent for Nasal, Pharyngeal, Laryngeal, Bronchial, Rectal, etc., and all meucoid affections and abnormal conditions of the mucous membrane."

A sample of B. Oleum Iodine was submitted by the manufacturer and examined. The label on the bottle states that it is 5 per cent B. Oleum Iodine in mineral oil. This sample has the characteristics of a solution of iodin in liquid petrolatum. It is oily and has the characteristic violet color.

Ammonia: B. Oleum Iodine, since it is presumed to be a solution of B. Iodine, was examined for ammonium compounds. A small quantity was mixed with an equal volume of strong sodium hydroxid solution and heated. No ammonia was evolved. A few crystals of ammonium chlorid were added to a little of B. Oleum Iodine and treated as above. Ammonia was readily detected.

Iodine: 5.255 gm. B. Oleum Iodine was dissolved in chloroform and placed in a separator. A solution of potassium iodid was added and the iodin titrated with tenth-normal sodium thiosulphate solution. It required 3.5 c.c. indicating 0.85 per cent iodin.

The conclusion is that B. Oleum Iodine is a simple solution of iodin in liquid petrolatum to the extent of 0.85 per cent and not 5 per cent as claimed. Furthermore, it is not a solution of B. Iodine since no ammonium compound is present.

The preceding report was sent to the B. Iodine Chemical Company. The following reply was received:

"Your letter of the 21st inst. received and contents noted and can not quite agree with your report.

"Reasons why: NH_4I, a Nitro Hydrate Iodide; NH_4I_2, a Nitro Hydrate Iodate; and $NH_4I_2I_2$, Per Iodide, a molecular compound, which I claim, they all being of a NH group, so what can be the objection of Nitrogen Hydrate of Iodine? Of course when your chemist, with the aid of heat, drove off all the Iodine, he naturally brought it back to a NH_4I. There's where he gets the A.M. I claim a molecular compound.

"The Oil of Iodine I sent you by mistake was a 1 per cent and not a 5 per cent as marked. I claim it is made from the resublimed Iodine in mineral oil and not the B. Iodine. I claim a 5 per cent has heretofore never been accomplished, so I therefore can claim something new.

"Tr. Iodine contains Alcohol and Potash as a base, the alcohol a dehydrater and Potash an escharotic, and all other soluble Iodines like the tincture have a metallic base. Mine has not. My iodine is compatable almost with all the salts, alkaloids, tannates, and even the metals. You can't say that for the tincture or the others. Now why should mine not be superior to others?

"Preparations as yet are not on the market and a few pamphlets were printed to meet with the requirements of your rulings and approval and shall be corrected if we only can agree on a proper name as you may suggest. Yours very truly,

"THE B. IODINE CHEMICAL CO.
"By John Bohlander, A. M., M. D."

"P. S. We are sending you under separate cover another sample of the Oil of Iodine which is a 5 per cent solution, and allowing for deterioration will test at least four per cent."

The referee in charge of the preparations

submitted the above letter to the Council with the following comments:

The principal statements in the letter are essentially erroneous or misleading: Mixtures or double salts of ammonium iodid and iodin were not discovered by Dr. Bohlander, and are nothing new. Watery solutions of iodin by means of an iodid have long been known and used in the form of Lugol's solution.

There is no evidence that ammonium iodid is less irritating than potassium iodid. On the contrary, ammonium salts are generally more irritating than the corresponding potassium salts. B. Iodine is not compatible with alkaloids, but behaves essentially like Lugol's solution. The A. M. A. Chemical Laboratory reports that the new sample of B. Oleum Iodine contains only 1.2 per cent of free iodin, instead of the claimed 5 per cent. It is therefore somewhat weaker than the iodin petrolatum prepared by the A. M. A. Chemical Laboratory (Reports Council Pharm. and Chem., 1917, p. 88).

However good Dr. Bohlander's intentions may be, the statements that he makes about his products are misleading or erroneous, and the products are ineligible for N. N. R.

FOREIGN BODY IN BRONCHUS.

Thomas Hubbard, Toledo, Ohio (*Journal A. M. A.*, Oct. 26, 1918), reports a case of foreign body in the left main bronchus which had been there for ten years. The patient, when 9 years old, had aspirated a somewhat irregular three-quarter inch staple. At that time she was recovering from measles. She developed bronchopneumonia with subsequent abscesses and occasional hemorrhages and for ten years passed a wretched existence. For some unaccountable reason no roentgen-ray examination had been made by any of the physicians treating her during this interval, but when made it quickly revealed the cause of the trouble. After some preliminary treatment to evacuate the foul mucopurulent accumulations, operation was performed and the staple extracted apparently intact, but later the patient coughed out a piece of the iron compound as large as a pea. The sputum gradually became odorless and in a month the patient was coughing only once a day. Six weeks later there was very little expectoration; she had gained 6 pounds in weight, had only an inconspicuous scar and the lung was functionating comparatively well, considering the damage that had been done. There is no bronchial stenosis as yet.

REHABILITATION OF OUR WOUNDED.

The United States Government is resolved to do its best to restore every wounded American soldier and sailor to health, strength, and self-supporting activity.

Until his discharge from the hospital all the medical and surgical treatment necessary to restore him to health is under the jurisdiction of the military or naval authorities, according to the branch of the service he is in. The vocational training, the reeducation and rehabilitation necessary to restore him to self-supporting activity, is under the jurisdiction of the Federal Board for Vocational Education.

If he needs an artificial limb or mechanical appliance the Government will supply it free, will keep it in repair, and renew it when necessary. If after his discharge he again needs medical treatment on account of his disability, the Government will supply it free. While he is in the hospital and while in training afterwards the soldier or sailor will receive compensation as if in service and his family or dependents will receive their allotment.

A wounded soldier or sailor, although his disability does not prevent him from returning to employment without training, can take a course of vocational training free of cost and the compensation provided by the war-risk insurance act will be paid to him and the training will be free, but no allotment will be paid to his family.

Every Liberty Bond holder who holds his bond is keeping up a part of this great work of restoring to health, strength, and usefulness the men who have suffered for their country.

WHERE WAR HAS NOT YET LEFT ITS MARK.

Situated in the peaceful atmosphere and picturesque natural surroundings of the tropical islands, the Bahama General Hospital and Asylum, *The Modern Hospital* tells us, is doing a progressive work among the natives. The group, including a male and female hospital, an infirmary, insane hospital and leper compound, is housed in buildings nestling among Victorian palms and flowers, on a hill directly overlooking the sea. The staff, aside from two European graduate nurses, is entirely native, and at the present time the training school has nine ambitious and eager students. One of the European nurses, called the "matron," teaches the theoretical, while the other, the "nursing sister," superintendents the practical work. According to the prevailing custom, female nurses attend solely to female patients, while the male wards are staffed entirely by male attendants. The patients are mostly natives from Nassau and the neighboring islands. The out-patient department, open three days a week, supplies medicine and rations to worthy patients in cases of necessity.

FLORIDA ECONOMY.

The little weekly bulletin, called *Everybody's Business,* which is issued jointly for the Associated Charities of Jacksonville and the State tuberculosis association, of both of which organizations Homer W. Borst, formerly secretary, apparently deserves first prize for economy of distribution.

It is a small four-page folder. "Under the law of March 30, 1879," states Mr. Borst, "we are enabled to mail *Everybody's Business* at the second class mailing rate, namely, two cents per pound. It carries no advertising and therefore is not subject to zone restrictions. Five hundred copies weigh two pounds and cost four cents for one mailing. At this rate of 125 for one cent, fifty copies, representing a year's subscription, may thus be mailed at a total yearly cost of two-fifths of a cent."—*Bulletin of The National Tuberculosis Association.*

OUR HONOR ROLL.

MEDICAL CORPS, UNITED STATES ARMY.

	Home Address.
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Lieut. Colonel Raymond C. Turck	Jacksonville
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Major M. H. Axline	St. Petersburg
Major John E. Boyd	Jacksonville
Major W. J. Buck	Gainesville
Major Frederick G. Barfield	Jacksonville
Major Chauncey L. Chase	Fort Dade
Major C. W. D'Alemberte	Pensacola
Major Stanley Erwin	Jacksonville
Major Orin O. Feaster	Plant City
Major Lorin Green	Jacksonville
Major Ralph Green	Jacksonville
Major James B. Griffin	St. Augustine
Major H. H. Harris	Jacksonville
Major Norman M. Heggie	Jacksonville
Major Graham E. Henson	Jacksonville
Major Frederick E. Jenkins	Palatka
Major James H. Livingstone	Jacksonville
Major Frank R. Maura	Ojus
Major Lucien B. Mitchell	Tampa
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Major George A. Plummer	Key West
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Captain John W. Alsobrook	Plant City
Captain Allen M. Ames	Pensacola
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Captain E. G. Birge	Jacksonville
Captain H. O. Black	Jacksonville
Captain Andrew R. Bond	Tampa
Captain F. J. Bowen	Jacksonville
Captain O. L. Callahan	Mt. Dora
Captain T. Z. Cason	Jacksonville
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Captain Ralph Duffy	Lakeland
Captain Lester J. Efird	Tampa
Captain D. Forster	New Smyrna
Captain Albert H. Freeman	Starke
Captain Julian Gammon	Jacksonville
Captain L. R. Holden	Jacksonville
Captain J. Whitney Hargis	Pensacola
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1st Lieut. Kenneth McC. Davis.....Westbay
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1st Lieut. Daniel B. Williams .....Lake City
1st Lieut. Albert H. Wilkinson.....Jacksonville
1st Lieut. A. J. Wood .....St. Petersburg

UNITED STATES NAVY.

Passed Asst. Surgeon T. A. Brink.....Pensacola
Passed Asst. Surgeon Clarence Hutchinson, Pensacola
Assistant Surgeon W. C. Payne .....Pensacola
Passed Asst. Surgeon M. E. Quina.....Pensacola

NEW AND NONOFFICIAL REMEDIES.

CHLORAMINE-T, MONSANTO.—A brand of chloramine-T which complies with the New and Nonofficial Remedies standards. The

properties, actions, uses and dosage are described in New and Nonofficial Remedies, 1918, p. 156. Monsanto Chemical Works, St. Louis, Mo.

CHLORINATED EUCALYPTOL, SQUIBB. — Eucalyptol chlorinated at room temperature. It is used as a solvent for dichloramine-T in the treatment of infected wounds, etc. The solution should preferably be made as required. E. R. Squibb and Sons, New York.

ARSAMINOL. — A brand of arsphenamine which complies with the New and Nonofficial Remedies standards. Arsaminol is supplied in sealed tubes containing, respectively, 0.1 gm., 0.2 gm., 0.3 gm., 0.4 gm., 0.5 gm., and 0.6 gm. Takamine Laboratory Inc., New York. (*Jour. A. M. A.*, Jan. 18, 1919, p. 193.)

DIGITAN.—A digitalis preparation said to contain digitoxin and digitalin in the form of tannates. It is standardized biologically. Digitan was first introduced as digipuratum and is made under the digipuratum patent by license of the U. S. Federal Trade Commission. The actions, uses and dosage of digitan is the same as those of digitalis. It is sold in the form of a powder and as digitan tablets 1½ grains. Merck and Co., New York.

NEOARSENOBENZOL (DERMATOLOGICAL RESEARCH LABORATORIES).—A brand of neoarsphenamine complying with the New and Nonofficial Remedies standards. It is marketed in tubes containing, respectively, 0.1 gm., 0.3 gm., 0.5 gm., 0.6 gm., 0.7 gm., and 0.9 gm. Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia. (*Jour. A. M. A.*, Jan. 25, 1919, p. 275.)

EMETINE BISMUTH IODIDE. — A complex iodide of emetine and bismuth containing from 17 to 23 per cent of emetine and from 15 to 20 per cent of bismuth. It has the action of emetine, but when taken by mouth, it is less likely to cause vomiting than the soluble salts of emetine administered orally. It has been used with apparent good results in the treatment of chronic cases and carriers of amebic dysentery, even where the hypodermic administration of emetine has failed. The commonly used dose has been 0.2 gm. (3 grains) daily for four days, either in a single dose at the midday meal or in divided doses.

EMETINE BISMUTH IODIDE-ABBOTT. — A brand of emetine bismuth iodide complying with the N. N. R. standards. The Abbott Laboratories, Chicago.

Publisher's Notes

CHLORAZENE IN GENITO-URINARY CASES.

Dr. E. Styles Potter, visiting surgeon of the West Side Hospital, Genito-Urinary Department, New York City, has the following to say of irrigation in the treatment of urethritis:

"Irrigation has long been known to be a useful method of applying locally the various remedies that have from time to time been considered favorably in the treatment of the simple and septic varieties of urethritis. After an experience extending over many years and thousands of cases and including the use of permanganate of potash, hydrargyrum bichloride, boric acid, carbolic acid, protogol, argyrol, tr. iron chloride, infusion of common drinking tea, zinc chloride, normal saline solution, etc., I now wish to call attention to the fact that Paratoluene-sodium-sulphochloramide (Chlorazene) used as an irrigation remedy seems to possess most unusual curative effects. It has the advantage of not being irritating, is evidently a powerful germicide and appears to have a slight astringent effect as well. I have been using this remedy in acute simple and septic anterior urethritis for some months and really the results obtained have led to regard it as a very satisfactory remedy in the treatment of these conditions.

"I have become to regard Chlorazene superior to permanganate, protogol, or other irrigating solutions in general use, and now use it exclusively."